

**HONG KONG COLLEGE OF PHYSICIANS  
RECORD OF HIGHER PHYSICIAN TRAINING  
IN \_\_\_\_\_ SPECIALTY**  
To be completed every three months by Trainees

**TRAINEE**

Name \_\_\_\_\_ M/F \_\_\_\_\_

Qualification (m/y) \_\_\_\_\_ ( \_ m \_y )  
 \_\_\_\_\_ ( \_ m \_y )

**SUPERVISOR**

Name \_\_\_\_\_

Title \_\_\_\_\_

**INSTITUTION/DEPARTMENT/UNIT** \_\_\_\_\_

**PERIOD OF TRAINING** From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (DD/MM /YY) (DD / MM /YY)

**TRAINING RECORD**

**(A) SERVICE WARD ROUNDS**

- |     |                     |  |   |
|-----|---------------------|--|---|
| (1) | Daily ward rounds   | • General beds<br>• Specialty beds<br>• Others (specify) | No. _____<br>No. _____ Type _____<br>No. _____<br>No. _____ |
| (2) | Consultation        |  | No. _____   |
| (3) | Weekly Grand Rounds |  | Total Sessions _____  |

**(B) OUTPATIENT SESSIONS**

- |     |                          |                      |
|-----|--------------------------|----------------------|
| (1) | General Medical          | sessions/month _____ |
| (2) | Specialty (            ) | sessions/month _____ |
| (3) | Specialty (            ) | sessions/month _____ |
| (4) | Specialty (            ) | sessions/month _____ |

**(C) SPECIAL SESSIONS**

- |     |                       |                      |
|-----|-----------------------|----------------------|
| (1) | Grand Rounds          | sessions/month _____ |
| (2) | Clinical Seminars     | sessions/month _____ |
| (3) | Journal Club          | sessions/month _____ |
| (4) | Radiology Meeting     | sessions/month _____ |
| (5) | Pathology Meeting     | sessions/month _____ |
| (6) | Others _____<br>_____ | sessions/month _____ |

**(D) DIAGNOSTIC & PROCEDURAL TESTS RECORDS**

**Comments**

|      |           |       |
|------|-----------|-------|
| (1)  | No. _____ | _____ |
| (2)  | No. _____ | _____ |
| (3)  | No. _____ | _____ |
| (4)  | No. _____ | _____ |
| (5)  | No. _____ | _____ |
| (6)  | No. _____ | _____ |
| (7)  | No. _____ | _____ |
| (8)  | No. _____ | _____ |
| (9)  | No. _____ | _____ |
| (10) | No. _____ | _____ |
| (11) | No. _____ | _____ |
| (12) | No. _____ | _____ |
| (13) | No. _____ | _____ |
| (14) | No. _____ | _____ |
| (15) | No. _____ | _____ |
| (16) | No. _____ | _____ |
| (17) | No. _____ | _____ |
| (18) | No. _____ | _____ |
| (19) | No. _____ | _____ |
| (20) | No. _____ | _____ |
| (21) | No. _____ | _____ |

**(E) PARTICIPATION IN RESEARCH PROJECTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(F) MEDICAL CONFERENCES ATTENDANCE/PRESENTATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor

\_\_\_\_\_  
 (Name) (Signature) (Date)

Note: Please ensure that you have completed your training logbook, which is to be reviewed by your Programme Director every three months.